

## MONTHLY OPERATING REPORT

### CHAPTER 11

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee For Period Sept 1 to Sept 30, 2009.

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH. The debtor must attach each of the following forms unless the United States Trustee has waived the requirement in writing. File with the court and submit a paper copy to UST with an original signature.

Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
(mark only one - attached or waived)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Comparative Balance Sheet (FORM 2-B)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Profit and Loss Statement (FORM 2-C)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cash Receipts & Disbursements Statement (FORM 2-D)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supporting Schedules (FORM 2-E)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Narrative (FORM 2-F)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)

I declare under penalty of perjury that the following Monthly Operating Report and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: 10/16/09  
(date)

Debtor(s)\*: Prevalence Health LLC

By:\*\* Michael T. Feby  
Position: CEO

Name of preparer: Chris Cooley

Telephone No. of Preparer 601-981-0070 ext 233

\* both debtors must sign if a joint petition

\*\* for corporate or partnership debtor

CASE NAME: Lawrence Health LLC

CASE NUMBER: 09-07016-ee

COMPARATIVE BALANCE SHEET

ASSETS:	Filing Date					
	5/31/09	6/30/09	7/31/09	8/31/09	9/30/09	Month
CURRENT ASSETS:						
Cash.....	570,988	616,550	513,396	406,712	417,638	
Accounts Receivable, Net.....	960,787	864,350	773,450	807,823	754,398	
Inventory, at lower of cost or market.....	365,452	372,870	402,769	400,478	0	
Prepaid expenses & deposits.....	118,110	151,593	170,837	139,406	172,958	
Other <u>Receivable from Sale of Assets</u>					954,185	
TOTAL CURRENT ASSETS.....	2019,337	2002,363	1,860,452	1,754,419	2,249,179	
PROPERTY, PLANT & EQUIPMENT.....	2386,097	2386,097	2386,097	2386,096	0	
Less accumulated depreciation.....	2244,328	2253,093	22,261,504	22,261,742	0	
NET PROPERTY, PLANT & EQUIPMENT.....	141,769	133,004	124,593	116,352	0	
OTHER ASSETS:						
<u>Deposits</u>	48192	54193	56,762	56,762 <sup>26</sup>	56,726	
TOTAL OTHER ASSETS.....						
TOTAL ASSETS.....	2,209,298	2,185,660	2,041,771	1,927,497	2,305,905	

If assets are carried at historical cost on debtor's accounting records and debtor elects to show them as such on the monthly reports, note the change above and include remarks on FORM 2-F (Narrative). All subsequent reports must then carry these assets at that value. Do not use historical cost one month and fair market value the next.

FORM 2-B  
Page 1 of 2  
1/08

\* Adjustments from May 31 to June 9 are not available  
 (A) Certain Assets of prevalence were sold effective 9/30/09. This amount represents the monies due the seller from the buyer at closing on 10/6/09

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

COMPARATIVE BALANCE SHEET

Filing Date	Month	Month	Month	Month	Month	Month
5/31/09	6/30/09	7/31/09	8/31/09	9/30/09		
	94,609	90,953	108,112	132,641		
	135,461	105,736	97,255	240,575		
	230,070	196,689	205,367	373,216		
5,835,600	5,732,291	5,730,550	5,657,643	5,612,235		
5,835,600	5,732,291	5,730,550	5,657,643	5,612,235		
5,994,125	5,994,125	5,994,125	5,994,125	5,994,125		
49,635,427	49,635,427	49,635,427	49,635,427	49,635,427		
	4,131,499	4,244,166	4,294,217	4,382,447		
43,504,302	43,772,801	43,885,468	43,935,513	43,679,546		
2,209,298	2,189,560	2,041,771	1,927,497	2,305,905		

LIABILITIES:

POST-PETITION LIABILITIES:

Taxes payable (Form 2-E, pg.1 of 3).....  
 Accounts payable (Form 2-E, pg.1 of 3).....  
 Other: Accrued Payroll, Vacation  
Miss. Accruals  
 TOTAL POST-PETITION LIABILITIES:.....

PRE-PETITION LIABILITIES:

Notes payable - secured.....  
 Priority debt.....  
 Unsecured debt.....  
 Other.....

TOTAL LIABILITIES.....

EQUITY (DEFICIT)

PREFERRED STOCK.....

COMMON STOCK.....

RETAINED EARNINGS:

Through filing date.....

Post filing date.....

TOTAL EQUITY (NET WORTH).....

TOTAL LIABILITIES & EQUITY.....

\* Adjustments from May 31 to June 9 are not available

CASE NAME: Prevalence Health LLC  
CASE NUMBER: 09-02016-ee

PROFIT AND LOSS STATEMENT

Month *	Month	Month	Month	Month
6/1/09 - 6/30/09	7/1/09 - 7/31/09	8/1/09 - 8/31/09	9/1/09 - 9/30/09	
4,234,205	1,136,933	1,051,684	986,153	
1,028,341	948,373	880,562	816,815	
1,028,341	948,373	880,562	816,815	
205,864	188,560	171,122	69,338	
328,598	291,324	211,439	205,451	
	1,491	1,488	615	
4123,7347	4104,2557	441,8057	4136,7287	
8765	8412	8240	7955	
			400,650	
4131,4997	4112,6677	450,0457	255,967	

FORM 2-C  
1/08

\*Requires explanation in NARRATIVE (Form 2-F)

\* Adjustments from May 31 to June 30 are not available  
 (3) Effective 9/30/09, Company sold the majority of its assets  
 Amount

CASE NAME: Prevalence Health LLC CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

For Period Sept 1 to Sept 30, 2009

**CASH RECONCILIATION**

1. Beginning Cash Balance (Ending Cash Balance from last month's report) \$ 406,712
2. Cash Receipts (total Cash Receipts from page 2 of all FORM 2-D's) \$ 931,647
3. Cash Disbursements (total Cash Disbursements from page 3 of all FORM 2-D's) \$( 920,721 )
4. Net Cash Flow \$ \_\_\_\_\_
5. Ending Cash Balance (to FORM 2-B) \$ 417,638

**CASH SUMMARY - ENDING BALANCE**

	<u>Amount*</u>	<u>Financial Institution</u>
1. Real Estate Account	\$ _____	_____
2. <del>Trust Account</del> <u>DIP Account</u>	\$ <u>80</u>	<u>Regions</u>
3. Operating and/or Personal Account	\$ <u>417,558</u>	<u>Regions</u>
4. Payroll Account	\$ _____	_____
5. Tax Account	\$ _____	_____
6. Other Accounts (Specify checking or savings)	\$ _____	_____
7. Cash Collateral Account	\$ _____	_____
8. Petty Cash	\$ _____	_____

TOTAL (must agree with line 5 above) \$ 417,638

\*These amounts should be equal to the previous month's balance for the account plus this month's receipts less this month's disbursements.

**ADJUSTED CASH DISBURSEMENTS**

Cash disbursements on Line 3 above less  
inter-account transfers & UST fees paid \$ 920,721 \*

\* NOTE: This amount should be used to determine UST quarterly fees due and agree with Form 2-D, page 2 of 4.

CASE NAME: Prevalence Health LLC CASE NUMBER: 09-02016-ee

### QUARTERLY FEE SUMMARY

MONTH ENDED Sept 30 2009

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ _____			
February	\$ _____			
March	\$ _____			
Total				
1st Quarter	\$ _____	\$ _____		
April	\$ _____			
May	\$ _____			
June	\$ <u>825,337</u>			
Total				
2nd Quarter	\$ <u>825,337</u>	\$ <u>4,875</u>	<u>61179</u>	<u>7/20/09</u>
July	\$ <u>1,309,312</u>			
August	\$ <u>1,070,434</u>			
September	\$ <u>920,721</u>			
Total				
3rd Quarter	\$ <u>3,300,467</u>	\$ <u>10,400</u> *	<u>61390</u>	<u>10/16/09</u>
October	\$ _____			
November	\$ _____			
December	\$ _____			
Total				
4th Quarter	\$ _____	\$ _____		

\* Actually Paid \$6,500

\* Actually Paid \$8,775 to make up for overpayment in 2nd Qtr.

### DISBURSEMENT CATEGORY QUARTERLY FEE DUE

\$0 to \$14,999.99	\$325
\$15,000 to \$74,999.99	\$650
\$75,000 to \$149,999.99	\$975
\$150,000 to \$224,999.99	\$1,625
\$225,000 to \$299,999.99	\$1,950
\$300,000 to \$999,999.99	\$4,875
\$1,000,000 to \$1,999,999.99	\$6,500
\$2,000,000 to \$2,999,999.99	\$9,750
\$3,000,000 to \$4,999,999.99	\$10,400
\$5,000,000 to \$14,999,999.99	\$13,000
\$15,000,000 to \$29,999,999.99	\$20,000
\$30,000,000 or more	\$30,000

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

\* Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Sept 1 to Sept 30, 2009

Account Name: Prevalence Health Account Number: 9001277993

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
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Total Cash Receipts \$ 931,647

**Prevalence Health LLC**

**September 2009 Cash Deposits**

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
9/1/2009	Insurance / Medicaid / Medicare	\$3,678.84
9/1/2009	Patient Co-Pay	\$12.84
9/1/2009	Patient Co-Pay	\$690.46
9/1/2009	Insurance / Medicaid / Medicare	\$3,385.88
9/1/2009	Insurance / Medicaid / Medicare	\$23,851.80
9/1/2009	Insurance / Medicaid / Medicare	\$25,888.60
9/2/2009	Patient Co-Pay	\$14.50
9/2/2009	Patient Co-Pay	\$271.80
9/2/2009	Expired Inventory Payment	\$2,384.62
9/2/2009	Insurance / Medicaid / Medicare	\$146.24
9/2/2009	Insurance / Medicaid / Medicare	\$1,080.15
9/2/2009	Insurance / Medicaid / Medicare	\$15,924.15
9/2/2009	Insurance / Medicaid / Medicare	\$46,228.60
9/3/2009	Patient Co-Pay	\$540.95
9/3/2009	Insurance / Medicaid / Medicare	\$12,803.72
9/3/2009	Insurance / Medicaid / Medicare	\$3,555.93
9/3/2009	Insurance / Medicaid / Medicare	\$4,908.28
9/3/2009	Insurance / Medicaid / Medicare	\$9,228.56
9/3/2009	Insurance / Medicaid / Medicare	\$16,568.56
9/4/2009	Patient Co-Pay	\$3.20
9/4/2009	Patient Co-Pay	\$737.75
9/8/2009	Patient Co-Pay	\$907.79
9/8/2009	Insurance / Medicaid / Medicare	\$215.49
9/8/2009	Insurance / Medicaid / Medicare	\$293.89
9/8/2009	Insurance / Medicaid / Medicare	\$580.24
9/9/2009	Insurance / Medicaid / Medicare	\$10.15
9/9/2009	Insurance / Medicaid / Medicare	\$1,063.41
9/9/2009	Patient Co-Pay	\$1,755.10
9/9/2009	Vendor Refund	\$138.24
9/9/2009	Insurance / Medicaid / Medicare	\$52,833.01
9/10/2009	Patient Co-Pay	\$33.00
9/10/2009	Patient Co-Pay	\$155.79
9/10/2009	Patient Co-Pay	\$206.50
9/10/2009	Insurance / Medicaid / Medicare	\$6.91
9/10/2009	Insurance / Medicaid / Medicare	\$675.52
9/10/2009	Insurance / Medicaid / Medicare	\$21,402.64
9/10/2009	Insurance / Medicaid / Medicare	\$31,226.62
9/10/2009	Insurance / Medicaid / Medicare	\$48,884.04
9/11/2009	Insurance / Medicaid / Medicare	\$82,096.25
9/14/2009	Patient Co-Pay	\$236.30
9/14/2009	Insurance / Medicaid / Medicare	\$3.00
9/14/2009	Insurance / Medicaid / Medicare	\$226.20
9/14/2009	Insurance / Medicaid / Medicare	\$497.69
9/14/2009	Insurance / Medicaid / Medicare	\$16,100.64
9/15/2009	Insurance / Medicaid / Medicare	\$572.64
9/15/2009	Insurance / Medicaid / Medicare	\$289.54
9/15/2009	Patient Co-Pay	\$1,251.08
9/15/2009	Insurance / Medicaid / Medicare	\$168.51
9/15/2009	Insurance / Medicaid / Medicare	\$545.06
9/15/2009	Insurance / Medicaid / Medicare	\$5,334.61
9/15/2009	Insurance / Medicaid / Medicare	\$28,702.60
9/15/2009	Insurance / Medicaid / Medicare	\$43,183.49



<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
9/16/2009	Patient Co-Pay	\$163.55
9/16/2009	Insurance / Medicaid / Medicare	\$3.00
9/16/2009	Insurance / Medicaid / Medicare	\$174.56
9/16/2009	Insurance / Medicaid / Medicare	\$958.72
9/16/2009	Insurance / Medicaid / Medicare	\$25,249.23
9/16/2009	Insurance / Medicaid / Medicare	\$39,737.01
9/17/2009	Insurance / Medicaid / Medicare	\$671.59
9/17/2009	Insurance / Medicaid / Medicare	\$5,783.29
9/17/2009	Insurance / Medicaid / Medicare	\$18,616.08
9/18/2009	Patient Co-Pay	\$60.00
9/18/2009	Insurance / Medicaid / Medicare	\$7,567.73
9/18/2009	Insurance / Medicaid / Medicare	\$11,413.87
9/21/2009	Patient Co-Pay	\$157.00
9/21/2009	Insurance / Medicaid / Medicare	\$308.02
9/21/2009	Insurance / Medicaid / Medicare	\$6,742.28
9/22/2009	Patient Co-Pay	\$348.07
9/22/2009	Insurance / Medicaid / Medicare	\$74,997.91
9/23/2009	Patient Co-Pay	\$40.00
9/23/2009	Patient Co-Pay	\$50.00
9/23/2009	Insurance / Medicaid / Medicare	\$2,184.90
9/23/2009	Insurance / Medicaid / Medicare	\$41,066.96
9/24/2009	Patient Co-Pay	\$15.00
9/24/2009	Patient Co-Pay	\$141.02
9/24/2009	Insurance / Medicaid / Medicare	\$50.72
9/24/2009	Insurance / Medicaid / Medicare	\$72.00
9/24/2009	Insurance / Medicaid / Medicare	\$1,326.12
9/24/2009	Insurance / Medicaid / Medicare	\$18,895.22
9/25/2009	Patient Co-Pay	\$114.95
9/25/2009	Expired Inventory Payment	\$505.18
9/25/2009	Insurance / Medicaid / Medicare	\$11,357.64
9/25/2009	Insurance / Medicaid / Medicare	\$16,690.85
9/28/2009	Patient Co-Pay	\$4.50
9/28/2009	Patient Co-Pay	\$93.94
9/28/2009	Patient Co-Pay	\$457.64
9/28/2009	Insurance / Medicaid / Medicare	\$276.25
9/28/2009	Insurance / Medicaid / Medicare	\$16,761.34
9/29/2009	Insurance / Medicaid / Medicare	\$2,088.83
9/29/2009	Insurance / Medicaid / Medicare	\$1,376.04
9/29/2009	Patient Co-Pay	\$940.24
9/29/2009	Expired Inventory Payment	\$1,467.38
9/29/2009	Insurance / Medicaid / Medicare	\$154.76
9/29/2009	Insurance / Medicaid / Medicare	\$5,804.07
9/29/2009	Insurance / Medicaid / Medicare	\$2,804.54
9/29/2009	Insurance / Medicaid / Medicare	\$23,374.88
9/29/2009	Insurance / Medicaid / Medicare	\$21,775.98
9/30/2009	Insurance / Medicaid / Medicare	\$17.38
9/30/2009	Patient Co-Pay	\$298.47
9/30/2009	Insurance / Medicaid / Medicare	\$5.71
9/30/2009	Insurance / Medicaid / Medicare	\$889.54
9/30/2009	Insurance / Medicaid / Medicare	\$1,773.60
9/30/2009	Insurance / Medicaid / Medicare	\$6,808.37
9/30/2009	Insurance / Medicaid / Medicare	\$47,509.96
		<u>\$931,647.27</u>

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ep

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Sept to Sept 30, 20 09

Account Name: Prevalence Health Account Number: 9001277993

**CASH DISBURSEMENTS JOURNAL**  
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
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Total Cash Disbursements \$ 920,721

\*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. **Any** payments made as a result of a court order, should indicate the order date.

**Prevalence Health LLC**

September 2009 Cash Disbursements

Date	Num	Name	Description	Amount
9/1/2009	Wire 9 1 2009	Amerisource	Inventory	(\$72,962.34)
9/1/2009	Wire 9 1 09	Blue Cross Blue Shield	Medical Insurance	(\$573.44)
9/2/2009	Wire 9 2 09	Amerisource	Inventory	(\$53,701.13)
9/2/2009	wire 09 02 09	DDP Medical Supply	Inventory	(\$1,657.50)
9/2/2009	Wire 9 2 09	Regions Bank	Bank Fees	(\$55.95)
9/3/2009	wire 9 03 09	Amerisource	Inventory	(\$31,976.00)
9/3/2009	61287	Kerioth	Rent	(\$8,000.00)
9/3/2009	61288	Machost Road LLC	Rent	(\$7,737.50)
9/3/2009	wire 9 3 09	Pitney Bowes-INTERI	Product Delivery / Postage	(\$200.00)
9/4/2009	Wire 9 4 09	Amerisource	Inventory	(\$25,234.89)
9/8/2009	wire 9/8/09	Amerisource	Inventory	(\$45,321.53)
9/8/2009	61289	AT&T- ABN Acct.	Phone Services	(\$1,000.73)
9/8/2009	61295	Global Crossing Tele	Internet Service	(\$490.61)
9/8/2009	Wire 9/2/09	Home Diagnostics, In	Inventory	(\$6,168.00)
9/8/2009	61294	Kubra Tennessee LLC	Statement Printing	(\$1,300.00)
9/8/2009	61291	Michael Anthony	Expense Reimbursement	(\$634.70)
9/8/2009	61292	Moore Wallace An RF	Pharmacy Supplies	(\$169.09)
9/8/2009	61293	Shelia Gibbs	Expense Reimbursement	(\$14.70)
9/8/2009	61296	Shred-it	Shredding	(\$50.00)
9/8/2009	61297	Waste Management -	Waste Management	(\$205.09)
9/8/2009	61298	Waste Management -	Waste Management	(\$382.49)
9/8/2009	61299	Westport Business P	Rent	(\$5,666.21)
9/8/2009	61300	Will-cutlawn Service	Landscaping	(\$225.00)
9/9/2009	wire 9/9/09	Home Diagnostics, In	Inventory	(\$10,594.00)
9/9/2009	61302	UPS	Product Shipping	(\$11,239.91)
9/10/2009	wire 9 9 09	Amerisource	Inventory	(\$53,070.70)
9/10/2009	wire 9 10 09	Amerisource	Inventory	(\$35,057.92)
9/10/2009	Wire 9/9/09	Regions Bank	Bank Fees	(\$596.23)
9/10/2009	61301	ULINE	Pharmacy Supplies	(\$442.75)
9/11/2009	Wire 9 11 09	Amerisource	Inventory	(\$30,505.11)
9/11/2009	Wire 9 11 09	Amerisource	Inventory	(\$2,507.25)
9/11/2009	61303	Blue Ox, LLC	Outsourced Accounting	(\$2,600.00)
9/11/2009	Wire 9 11 09	DDP Medical Supply	Inventory	(\$2,507.25)
9/11/2009	61304	Linda Susan Kemp	Expense Reimbursement	(\$400.00)
9/14/2009	wire9 1409	American Express	Miscellaneous Expenses	(\$4,079.61)
9/14/2009	Wire9 1409	Amerisource	Inventory	(\$24,486.78)
9/15/2009	wire 9 15 09	Amerisource	Inventory	(\$28,057.56)
9/15/2009	61305	AT&T - Florida	Phone Services	(\$185.62)
9/15/2009	61306	AT&T - W M S	Phone Services	(\$662.46)
9/15/2009	61307	Cintas Corporation	Pharmacy Supplies	(\$348.65)
9/15/2009	61308	City of Zachary	Utilities	(\$9.81)
9/15/2009	61309	FedEx	Product Shipping	(\$990.98)
9/15/2009	61310	Gas Utility Dist. #1	Utilities	(\$22.90)
9/15/2009	61311	Gerald Waguespack	Expense Reimbursement	(\$18.90)
9/15/2009	61314	Iron Mountain	Shredding	(\$47.39)
9/15/2009	61312	Iron Mountain Inform:	Data Backup	(\$1,930.05)
9/15/2009	61313	Lifoam Industries LLC	Pharmacy Supplies	(\$1,682.66)

Date	Num	Name	Description	Amount
9/15/2009	61315	Louisiana Departmen	Script Fees	(\$3,550.10)
9/15/2009	61316	OmniSys, Inc.	Claims Processing	(\$1,879.75)
9/15/2009	61318	Pitney Bowes Global	Lease	(\$2,956.17)
9/15/2009	61319	Pitney Bowes Inc.	Postage Supplies	(\$105.37)
9/15/2009	Wire 9 15 09	Pitney Bowes-INTERI	Product Delivery / Postage	(\$200.00)
9/15/2009	61320	Sprint	Phone Services	(\$2,820.65)
9/15/2009	61321	Tri State Distribution,	Pharmacy Supplies	(\$1,518.59)
9/15/2009	61322	UPS	Product Shipping	(\$12,095.74)
9/16/2009	Wire91609	Amerisource	Inventory	(\$16,584.97)
9/16/2009	Wire 9/16/09	Bayer HealthCare LLC	Inventory	(\$6,003.60)
9/17/2009	wire 9 17 09	Amerisource	Inventory	(\$13,763.27)
9/17/2009	61325	Secretary of State- St	Miscellaneous Expenses	(\$50.00)
9/17/2009	61324	Westport Business P	Rent	(\$5,666.21)
9/18/2009	Wire 9 18 09	Amerisource	Inventory	(\$25,632.18)
9/18/2009	Wire 9_18-09	Moore Wallace An RF	Pharmacy Supplies	(\$1,580.63)
9/18/2009	61323	Quill	Office Supplies	(\$232.84)
9/21/2009	61339	ACS Edi Gateway, Inc	Claims Processing	(\$210.00)
9/21/2009	Wire 9 21 09	Amerisource	Inventory	(\$37,246.52)
9/21/2009	61328	Arleatha Nichols	Expense Reimbursement	(\$130.00)
9/21/2009	61326 by phone	AT&T - W M S	Phone Services	(\$438.36)
9/21/2009	61329	Christopher W Bentor	Pharmacist	(\$400.00)
9/21/2009	61330	FedEx	Product Shipping	(\$2,118.40)
9/21/2009	61331	James Wyatt Walker	Expense Reimbursement	(\$109.81)
9/21/2009	61332	Kentwood Springs	Pharmacy Supplies	(\$30.07)
9/21/2009	61333	RelayHealth, Inc.	Claims Processing	(\$1,079.01)
9/21/2009	61334	Service Janitorial LLC	Janitorial Services	(\$569.00)
9/21/2009	61335	SMG Security System	Security Services	(\$78.00)
9/21/2009	61336	Stanley Convergent S	Security Services	(\$445.20)
9/21/2009	61337	UPS	Product Shipping	(\$9,403.57)
9/21/2009	61338	Zayo Managed Servic	Co-location of servers	(\$2,050.00)
9/22/2009	wire 9 22 09	Amerisource	Inventory	(\$20,104.31)
9/23/2009	Wire 9 23 09	Amerisource	Inventory	(\$32,785.11)
9/23/2009	Wire 9 23 09	Pitney Bowes-INTERI	Product Delivery / Postage	(\$1,000.00)
9/23/2009	Wire 9 23 09	Pitney Bowes-INTERI	Product Delivery / Postage	(\$200.00)
9/24/2009	wire 9 24 09	Amerisource	Inventory	(\$15,360.85)
9/25/2009	wire 9 25 09	Amerisource	Inventory	(\$37,429.14)
9/25/2009	61342	Blue Ox, LLC	Outsourced Accounting	(\$4,031.25)
9/25/2009	61340 ck by phone	Quill	Office Supplies	(\$630.46)
9/25/2009	61341 by phone	ULINE	Pharmacy Supplies	(\$491.75)
9/28/2009	Wire 9 28 09	Amerisource	Inventory	(\$3,467.77)
9/28/2009	61350	AT&T - Florida	Phone Services	(\$876.54)
9/28/2009	61351	AT&T - W M S	Phone Services	(\$1,815.25)
9/28/2009	61366 by phone	AT&T- ABN Acct.	Phone Services	(\$1,689.43)
9/28/2009	61352	Avaya Financial Servi	Phone System Rental	(\$1,150.15)
9/28/2009	61353	Bayou Cajun Termite	Pest Control	(\$75.00)
9/28/2009	61354	Big Red Storage No.	Off-site Storage	(\$99.00)
9/28/2009	61355	CobraSource, Inc.	COBRA Management	(\$66.00)
9/28/2009	61356	Demco	Utilities	(\$563.00)
9/28/2009	61357	FedEx	Product Shipping	(\$1,312.62)
9/28/2009	61358	Florida Power & Light	Utilities	(\$1,788.75)
9/28/2009	61359	Ikon Office Solutions	Copier Lease	(\$206.72)

Date	Num	Name	Description	Amount
9/28/200	61360	Ki Tennessee LLC	Statement Printing	
9/28/2009	61361	Pitney Bowes Inc.	Postage Supplies	(\$50.02)
9/28/2009	61363	Sun Microsystems GI	Capital Lease	(\$1,579.44)
9/28/2009	61364	T-Mobile	Cell Phone	(\$46.08)
9/28/2009	61365	UPS	Product Shipping	(\$7,832.86)
9/28/2009	Wire	Amerisource	Inventory	(\$49,340.00)
9/29/2009	Wire	Moore Wallace An RF	Pharmacy Supplies	(\$164.16)
9/29/2009	61369	Reliance Standard	Employee Benefits	(\$395.37)
9/30/2009	881		Payroll Journal Entry	(\$40,397.58)
9/30/2009	881		Payroll Journal Entry	(\$38,980.25)
9/30/2009	882		Payroll Journal Entry	(\$798.75)
9/30/2009	Wire 9 30 09	Amerisource	Inventory	(\$30,639.63)
9/30/2009	61371	Arleatha Nichols	Expense Reimbursement	(\$241.90)
9/30/2009	61370	POSTMASTER	PO Box Fee	(\$362.00)
				<u>(\$920,720.46)</u>

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

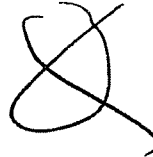
For Period Sept 1 to Sept 30, 20 09

Account Name: Prevalence Health Account Number: 0101894579  
DIP


CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

Date	Description (Source)	Amount
------	----------------------	--------



Total Cash Receipts

\$ 

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-0016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Sept 1 to Sept 30, 2009

Account Name: Prevalence Health Account Number: 0101894579  
DIP

**CASH DISBURSEMENTS JOURNAL**  
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
------	-----------	-------	------------------------	--------

Ø

Total Cash Disbursements \$ Ø

\*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

CASE NAME: Prevalence Health LLC CASE NUMBER: 09-02016-ee

**SUPPORTING SCHEDULES**

For Period Sept 1 to Sept 30, 2009

**POST-PETITION ACCOUNTS PAYABLE AGING REPORT**

TYPE	INCURRED	DUE	0-30	31-60	61-90	OVER 90
FITW			\$	\$	\$	\$
FICA						
FUTA						
SITW						
SUTA						
OTHER TAX						
TRADE PAYABLES						
OTHER						
TOTALS			\$ 82,246	\$ 18,435	\$ 13,187	\$ 18,773



**Prevalence Health, LLC**

September 30 2009 Post Petition Trade Payables

Vendor	Date	No.	Age	Open Balance	Category
Gerald Waguespack	9/30/2009	911-9130109	0	\$19.95	0-30
Wells Fargo Financial Leasing	9/30/2009	6745237646	0	\$298.03	0-30
Quill	9/30/2009	O# 85196583	0	\$422.19	0-30
OmniSys, Inc.	9/30/2009	514929	0	\$661.45	0-30
Cintas Corporation	9/30/2009	549803703	0	\$662.58	0-30
OmniSys, Inc.	9/30/2009	514930	0	\$702.70	0-30
Blue Ox, LLC	9/30/2009	60	0	\$1,156.25	0-30
American Express	9/30/2009	Sept 2009	0	\$1,669.46	0-30
Iron Mountain Information Management dbla Live Vault	9/30/2009	30048830	0	\$1,938.79	0-30
UPS	9/30/2009	9121-9130109	0	\$5,181.93	0-30
R.E.D. Electric	9/29/2009		1	\$97.00	0-30
Moore Wallace An RR Donnelley Co.	9/29/2009	873050230	1	\$134.50	0-30
ATILT - LA/MS	9/29/2009	0592 9129-10128109	1	\$666.96	0-30
Moore Wallace An RR Donnelley Co.	9/29/2009	169997267	1	\$1,313.09	0-30
AT&T - Florida	9/28/2009	1806 9128-10127109	2	\$21.74	0-30
AT&T - Florida	9/28/2009	1809 9128-10127109	2	\$38.86	0-30
Shred-it	9/28/2009	13312906364	2	\$50.00	0-30
AT&T - Florida	9/28/2009	1802 9128-10127109	2	\$125.02	0-30
Kentwood Springs	9/27/2009	0909 3772319 7436220	3	\$14.15	0-30
Global Crossing Telecommunications	9/26/2009	9032276241	4	\$490.61	0-30
Avaya, Inc.	9/26/2009	2729265177	4	\$761.48	0-30
UPS	9/26/2009		4	\$6,731.63	0-30
Kerioth	9/25/2009		5	\$8,000.00	0-30
Pitney Bowes Inc.	9/24/2009	5501073188	6	\$257.81	0-30
FedEx	9/24/2009	9-341-57993	6	\$1,234.00	0-30
Data Keepers LLC	9/23/2009	0012152	7	\$143.95	0-30
Will-cutlawn Service	9/21/2009	911-9130109	9	\$300.00	0-30
Westwood Square, P/S/P	9/20/2009		10	\$250.00	0-30
Banc Of America Leasing	9/20/2009		10	\$291.50	0-30
Machost Road LLC	9/20/2009		10	\$7,737.50	0-30
Westport Business Park Associates LLP	9/20/2009		10	\$11,103.57	0-30
Hamilton Partners	9/20/2009		10	\$14,769.94	0-30
AT&T- ABN Acct.	9/19/2009	1627239006	11	\$1,094.43	0-30
Pitney Bowes Inc.	9/18/2009	5501065893	12	\$149.57	0-30
North Shore Gas	9/16/2009	8112-9114109	14	\$70.44	0-30
PFS of the South, Inc.	9/15/2009		15	\$7,094.15	0-30
Pitney Bowes Global Financial Services LLC	9/13/2009	6613278-JY09A	17	\$2,563.88	0-30
ComEd- Commonwealth Edison	9/14/2009	8/6-9/4/09	26	\$1,608.16	0-30
Aetna Maintenance, Inc.	9/11/2009	92762	29	\$500.32	0-30
CT Corporation	9/11/2009	2004471657-00	29	\$1,620.00	0-30
Wells Fargo Financial Leasing	8/31/2009	6745198232	30	\$298.03	0-30
				\$82,245.62	0-30 Total
Quill	8/28/2009	8951299	33	\$511.08	31-60
Avaya, Inc.	8/26/2009	2729164647	35	\$761.48	31-60
Young Williams PA	8/24/2009	49592 Post - 1	37	\$74.75	31-60
Banc Of America Leasing	8/21/2009	011138583	40	\$291.50	31-60
Westwood Square, P/S/P	8/20/2009		41	\$250.00	31-60
Hamilton Partners	8/20/2009		41	\$14,769.94	31-60
North Shore Gas	8/13/2009	7/14-8/12/09	48	\$140.69	31-60
ComEd- Commonwealth Edison	8/6/2009	7/8-8/6/09	55	\$1,135.03	31-60
Aetna Maintenance, Inc.	8/1/2009	82761	60	\$500.32	31-60
				\$18,434.79	31-60 Total
Journal	7/31/2009	854	61	(\$7,782.84)	61-90
Wells Fargo Financial Leasing	7/31/2009	6745159529	61	\$298.03	61-90
North Shore Gas	7/30/2009	6/9-7/14/09	62	\$69.26	61-90

Vendor	Date	No.	Age	Open Balance	Category
Avaya, Inc.	7/26/2009	2729047343	66	\$761.48	61-90
<b>Banc</b> Of America Leasing	7/21/2009	011093620	71	\$326.50	61-90
<b>Westwood</b> Square, P/S/P	7/20/2009		72	\$250.00	61-90
Hamilton Partners	7/20/2009		72	\$14,769.94	61-90
Toyota Financial <b>Services</b>	7/17/2009	4000250558	75	\$207.09	61-90
Hamilton Partners	7/17/2009	090717-10786	75	\$633.01	61-90
North Shore Gas	7/16/2009	6112-7/14/09	76	\$69.30	61-90
Broward County Revenue Collector	7/14/2009	Local Business Tax Renewal	78	\$45.00	61-90
<b>ComEd</b> - Commonwealth Edison	7/8/2009	618-718109	84	\$479.16	61-90
Young Williams <b>P.A.</b>	7/7/2009	49592 Pre	85	\$1,011.50	61-90
Anda	7/2/2009	780875	90	(\$30.00)	61-90
Hamilton Partners	7/2/2009	090702-10786	90	\$2,080.33	61-90
				<u>\$13,187.76</u>	61-90 <b>Total</b>
Anda	7/1/2009	774707	91	(\$48.43)	91-120
Anda	7/1/2009	775310	91	(\$47.54)	91-120
Wells <b>Fargo</b> Financial Leasing	6/30/2009	6745121525	92	\$298.03	91-120
Avaya, Inc.	6/26/2009	2728939461	96	\$761.49	91-120
<b>Westwood</b> Square, P/S/P	6/20/2009		102	\$250.00	91-120
Hamilton Partners	6/20/2009		102	\$14,769.94	91-120
North Shore Gas	6/15/2009	5/13-6/12/09	107	\$2,789.23	91-120
				<u>\$18,772.72</u>	91-120 <b>Total</b>
				<u>\$132,640.89</u>	<b>Grand Total</b>

Prevalence Health, LLC  
Accrued Expenses - Month End Accruals  
September 2009

<u>Description</u>	<u>Amount</u>
Miscellaneous Accrual	7,783
Reimbursement from Buyer for utilities	6,777
Reimbursement from Buyer for rent	27,070
Reimbursement from Buyer for leases assumed	2,729
Reimbursement from Buyer for inventory	99,321
US Trustee Fees	2,200
LA Script Fees	3,937
Outstanding Payroll Checks	2,684
2008 Audit & Tax Return	3,979
2008 FL operating expenses - Rent	134
401k Admin Fees	2,090
Florida Property Taxes	
Louisiana Property Taxes	
Amerisource Note Accrued Interest	1,278
Accrued Payroll & Vacation	80,593
Total Accrued Expenses	<u>240,575</u>
Balance per GL	<u>240,575</u>
Difference	<u></u>

CASE NAME: Prevalence Health LLC CASE NUMBER: 09-02016-ee

## SUPPORTING SCHEDULES

For Period Sept 1 to Sept 30, 2009

## ACCOUNTS RECEIVABLE AGING REPORT

[illegible]

10/15/2009

Prevalence Health, LLC  
Accounts Receivable Summary  
9/30/2009

Receivable from:	Current	31-60	61-90	91 + 120	120+	Total
Insurance (Medicaid)	\$ 423,415	\$ 41,433	\$ 12,667	\$ 13,372	\$ 209,139	\$ 700,026
Patients (Go-Pay)	15,530	15,808	13,022	17,102	159,574	221,034
Total Accounts Rec	<u>\$ 438,945</u>	<u>\$ 57,239</u>	<u>\$ 25,689</u>	<u>\$ 30,474</u>	<u>\$ 368,713</u>	<u>\$ 921,060</u>

Estimated Reserve	4,941	8,007	13,275	17,771	264,144	308,137
Insurance	0.25%	0.25%	2.0%	5.0%	50.0%	
Patients	25.0%	50.0%	100.0%	100.0%	100.0%	

AR per ScriptMed	\$ 921,060
Deposits in NetSuite not Scriptmed	\$ (39,755)
Deposits in Suiptmed not NetSuite	<u>\$ 18,086</u>

Adjusted AR per ScriptMed 899,390

AR per GL 899,390

Difference 0.47

Prepared by: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

*for*

Prevalence Health - LA  
5323 Machost Rd  
Zachary LA 70791

Report UPC0004 - Summary AR Report for Insurance  
Report Date Sep 30, 2009  
Responsible Collector None Defined

	Current	31-60	61-90	91-120	121-150	151-360	360+	Total
ACTLAD	\$1,531.49	\$0.00	\$36.38	\$0.00	\$0.00	\$0.00	\$0.00	\$1,567.87
AFL	\$784.30	\$549.78	\$0.00	\$0.00	\$0.00	\$10.48	\$251.81	\$1,596.37
AMPROFL	\$1,509.47	\$976.79	\$0.00	\$0.00	\$0.00	\$205.93	\$994.27	\$3,086.46
BCBSIL	\$0.00	\$10.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10.40
BCBSIL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
COMEL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
COMEL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
COMLAD	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,870.28	\$692.54	\$2,562.82
COVLAD	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FLM	\$13,935.11	\$1,460.69	\$1,094.40	\$1,721.94	\$1,745.52	\$10,293.38	\$1,096.13	\$31,347.17
FLS	\$12,515.86	\$6,217.78	\$1,128.71	\$904.69	\$689.58	\$10,501.99	\$1,978.04	\$31,816.65
HSLAD	\$11,570.93	\$1,254.75	\$0.00	\$85.61	\$315.06	\$320.44	\$0.00	\$13,546.79
HUMEL	\$17,210.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17,210.18
HUMEL	\$7,539.53	\$184.01	\$127.54	\$0.00	\$0.00	\$123.17	\$138.51	\$8,112.76
HUMLAD	\$62,741.05	\$16,198.98	\$1,028.03	\$244.63	\$561.32	\$3,986.32	\$3,191.84	\$88,552.22
ILM	\$199.92	\$0.00	\$0.00	\$30.00	\$0.00	\$120.83	\$574.65	\$925.40
INDM	\$30,702.08	\$1,320.25	\$37,013.91	\$2,803.72	\$13,588.81	\$15,495.42	\$13,819.45	\$138,800.74
LAU	\$80.41	\$26.10	\$239.90	\$0.00	\$0.00	\$81.56	\$153.70	\$610.41
MS	\$3,937.96	\$0.00	\$0.00	\$0.00	\$0.00	\$20.20	\$0.00	\$3,958.16
MEDLAD	\$11,399.60	\$496.54	\$0.00	\$3.58	\$374.37	\$849.63	\$76.96	\$13,190.68
MEDLAD	\$30,287.89	\$102.94	\$7.19	\$0.00	\$1,881.02	\$702.95	\$0.00	\$32,191.99
MEMLAD	\$22,219.52	\$775.56	\$128.26	\$487.72	\$39.76	\$1,447.32	\$0.00	\$25,098.14
MONEL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MONEL	\$4,470.55	\$0.00	\$22.84	\$0.00	\$97.47	\$134.38	\$2.31	\$4,727.55
MONLAD	\$5,937.72	\$965.93	\$1,656.8	\$598.94	\$1,048.75	\$7,881.09	\$0,225.16	\$22,842.17
MSS	\$9,227.08	\$4,368.93	\$3,488.67	\$4,461.50	\$4,403.77	\$34,733.45	\$11,667.21	\$72,350.61
MSS	\$17.93	\$0.00	\$0.00	\$0.00	\$0.00	\$31.62	\$0.00	\$49.55
NDLAD	\$21,255.64	\$2,440.09	\$1,206.44	\$752.97	\$1,287.62	\$13,399.61	\$5,116.52	\$45,458.89
OMN	\$32,088.52	\$16.61	\$0.00	\$0.00	\$362.13	\$1,054.37	\$1,000.03	\$37,551.71
PACFLD	\$23,856.84	\$0.00	\$289.30	\$44.09	\$0.00	\$905.88	\$365.92	\$25,462.03
PACFLD	\$2,471.76	\$0.00	\$0.00	\$0.00	\$94.21	\$98.63	\$384.81	\$3,049.41
PCF	\$3,450.54	\$1,295.32	\$0.00	\$220.11	\$0.00	\$172.07	\$987.74	\$6,025.78
PCFL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ROSLAD	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$257.38	\$0.00	\$257.38
RXLAD	\$29,922.59	\$0.00	\$125.58	\$0.00	\$6.09	\$645.86	\$326.29	\$30,946.41
SILLAD	\$268.92	\$0.00	\$27.55	\$82.05	\$0.00	\$1,089.87	\$347.40	\$1,815.79
TNM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$155.99	\$0.00	\$155.99
UNEL	\$22,854.39	\$0.00	\$3.53	\$407.91	\$544.47	\$1,682.24	\$1,910.22	\$27,402.76
UNIFL	\$12,023.96	\$114.50	\$0.00	\$0.00	\$8.33	\$0.00	\$11.23	\$12,147.99
UNICAD	\$3,087.79	\$0.00	\$0.00	\$0.00	\$0.00	\$609.02	\$1,516.45	\$5,213.26
WLC	\$15,927.78	\$2,164.09	\$4,189	\$283.47	\$36.50	\$1,511.61	\$1,494.47	\$31,942.81
WELFLD	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Prevalence Health - LA  
5323 Machost Rd  
Zachary LA 70791

Report UPC0004 - Summary AR Report for Insurance  
Report Date Sep 30, 2009  
Responsible Collector None Defined

WELLCARE PARTID LA	Current	31-60	61-90	91-120	121-150	151-360	360+	Total
	\$423,415.29	\$41,433.11	\$12,667.10	\$13,372.28	\$15,109.03	\$18,152.15	\$75,878.35	\$700,027.31
Report Totals								

CASENAME: Prescience Health LLC CASE NUMBER 09-02016-ee

**SUPPORTING SCHEDULES**

For Period \_\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_

**INSURANCE SCHEDULE**

<u>Type</u>	<u>Carrier/Agent</u>	<u>Coverage (\$)</u>	<u>Date of Expiration</u>	<u>Premium Paid</u>
Workers' Compensation	<u>Arch Insurance</u>	<u>500,000</u>	<u>3/1/10</u>	<u>Yes</u>
General Liability	<u>Arch Specialty Insurance</u>	<u>3,000,000 A&amp;G. Occ.</u>	<u>3/1/10</u>	<u>Yes</u>
Property (Fire, Theft)	<u>Liberty Mutual Fire Ins.</u>	<u>4,250,000 BI 3,303,500 PP</u>	<u>3/1/10</u>	<u>Yes</u>
Vehicle	<u>Arch Specialty Insurance</u>	<u>1,000,000</u>	<u>3/1/10</u>	<u>Yes</u>
Other (list):				
<u>Crime</u>	<u>Westchester Fire Ins.</u>	<u>1,000,000</u>	<u>3/1/10</u>	<u>Yes</u>
<u>Directors + Officers</u>	<u>Darwin National Ins.</u>	<u>3,000,000</u>	<u>3/1/10</u>	<u>Yes</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(1) Attach copy of certificate of insurance or declaration page of policy for any coverage renewed or replaced during the current reporting month.

(2) For the premium paid column enter "yes" if payment of premium is current or "no" if premium payment is delinquent. If "no", explain on Form 2-F, Narrative.



<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		PRDLS1	DATE (MM/DD/YYYY) 06/19/09
<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. P. O. Box 16447 Jackson MS 39236-6447 Phone: 601-956-5810 Fax: 601-957-7098		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
<b>INSURED</b>  Prevalence Beath, LLC 4270 1-55 North, Ste 102 Jackson MS 39211		<b>INSURERS AFFORDING COVERAGE</b> INSURER A: Arch Specialty Insurance Co. INSURER B: Zurich National Assurance Co. INSURER C: INSURER D: INSURER E:	<b>NAIC #</b> 21199 16624

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTY	ADD'L RISKS	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	X	GENERAL LIABILITY	FLP003074700	12/01/08	03/01/10	EACH OCCURRENCE \$ 1,000,000
		X COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ex. Automobile) \$ 250,000
		CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
		X Professional Liab				PERSONAL & ADVERTISING \$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 3,000,000
		POLICY <input type="checkbox"/> PRO-TEST <input type="checkbox"/> LOC <input type="checkbox"/>				PRODUCTS - COM/PROP AGG \$ 3,000,000
		AUTOMOBILE LIABILITY				Emp Ben. 1,000,000
		ANY AUTO				COMBINED SINGLE LIMIT (Ex. accident) \$
		ALL OWNED AUTOS				BODILY INJURY (Per person) \$
		SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
		HYRED AUTOS				PROPERTY DAMAGE (Per accident) \$
		NON-OWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		ANY AUTO				OTHER THAN AUTO ONLY: EA ACC \$
						AGG \$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
		OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>				AGGREGATE \$
		DEDUCTIBLE				\$
		RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTHER \$
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
B		OTHER				
		Directors & Officers	03042613	12/01/08	03/01/10	Limit 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate Bolder is shown as an additional insured solely with respect to general liability and professional liability coverage as evidenced herein as required by written contract.

(Form #02BGJ000300 02/07)

**CERTIFICATE HOLDER**

Ronald E. McAlpin Assistant US Trustee 100 W Capitol Street, Ste 706 Jackson US 39269	MCAL000
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**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

*Rene Chandler*

<b>ACORD</b>		<b>CERTIFICATE OF PROPERTY INSURANCE</b>				DATE (MM/DD/YY) 06/25/09								
<b>PRODUCER</b> <b>Arthur J. Gallagher Risk Management Services, Inc.</b> P. O. Box 16447 <b>Jackson MS 39236-6447</b>  <b>Rebecca B. Chandler</b> <b>Phone: 601-956-5810 Fax: 601-957-7098</b>  <b>INSURED</b>  <b>Prevalence Health, LLC</b> 4270 I-55 North, Ste 102 <b>Jackson MS 39211</b>		<p><b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b></p> <p style="text-align: center;"><b>COMPANIES AFFORDING COVERAGE</b></p> <table style="width: 100%;"> <tr> <td style="width: 10%;">COMPANY A</td> <td>Liberty Mutual Fire Insurance</td> </tr> <tr> <td>COMPANY B</td> <td>Uestchester Fire Ins. Co.</td> </tr> <tr> <td>COMPANY C</td> <td></td> </tr> <tr> <td>COMPANY D</td> <td></td> </tr> </table>					COMPANY A	Liberty Mutual Fire Insurance	COMPANY B	Uestchester Fire Ins. Co.	COMPANY C		COMPANY D	
COMPANY A	Liberty Mutual Fire Insurance													
COMPANY B	Uestchester Fire Ins. Co.													
COMPANY C														
COMPANY D														
<b>COVERAGES</b> <small>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</small>														
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	COVERED PROPERTY	LIMITS								
A	<input checked="" type="checkbox"/> PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPECIAL EARTHQUAKE FLOOD	<b>YU2L9L450864018</b>  <b>Replacement Cost</b>  24 Hour Waiting Period - Interruption of Service Including Supt Breakdown	12/01/08	03/01/10	<input type="checkbox"/> BUILDING <input checked="" type="checkbox"/> PERSONAL PROPERTY <input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG & PP <input checked="" type="checkbox"/> Flood <input checked="" type="checkbox"/> Earth Movement	\$ + 3,303,500 + 4,250,000 \$ \$ \$ \$ + 1,000,000 + 1,000,000								
	<input type="checkbox"/> BOILER & MARINE TYPE OF POLICY CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS <input type="checkbox"/> OTHER					\$ \$ \$ \$ \$								
B	<input checked="" type="checkbox"/> CRIME TYPE OF POLICY Crime	<b>EMI20061594</b>	12/01/08	03/01/10	Employee Theft Retention	+ 1,000,000 \$ 10,000 \$								
	<input type="checkbox"/> BOILER & MACHINERY OTHER					\$ \$								
LOCATION OF PREMISES/DESCRIPTION OF PROPERTY														
SPECIAL CONDITIONS/OTHER COVERAGES <b>Deductibles: All other perils - \$10,000; Earth Movement \$100,000 for New Madrid / \$50,000 for all other locations; Flood \$50,000; \$50,000 Named Storm for Zachary, LA location only; 5% Named Storm for Florida locations</b>														
<b>CERTIFICATE HOLDER</b>  <b>MCAL000</b>  <b>Ronald E. McAlpin</b> Assistant US Trustee 100 W Capitol Street, Ste 706 <b>Jackson MS 39269</b>			<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.  <i>Rebecca Chandler</i>											
ACORD 24 (09/01)			ACORD CORPORATION 1935											

NOTEPAD	HOLDER CODE	CA 700	CREV	PAGE 27
INSURED NAME	INSURED ADDRESS	INSURED CITY	INSURED STATE	DATE 10/25/09
<p>Certificate holder is shown as a loss payee solely with respect to property coverage as evidenced herein as required by written contract per form RA1102 03/08.</p>				

CASE NAME: Prevalence Health, LLC CASE NUMBER: 09-02016-ee

**NARRATIVE STATEMENT**

For Period September 1, to September 30, 2009

Please provide a brief description of the significant business and legal action by the debtor, its creditors or the court during the reporting period. Comments should include any change in bank accounts, explanation of extraordinary expenses, and purpose of any new post-petition financing. Comments should also include debtor's efforts during the month to rehabilitate the business and to develop a plan.

The primary focus of the Debtor in September was working with Guy Stillwell of Pharmacy Consultants Associates and Morton Branzburg, Esquire, a member of the Unsecured Creditors Committee, on the sale of the Debtor's business. The Debtor responded to information requests from, and participated in numerous conference calls and correspondence with various prospective purchasers during September which culminated in an auction conducted on September 15-16 and the approval of the sale to SafeMeds Solutions, LLC by the Bankruptcy Court at the final sale hearing on September 16. The Debtor also addressed both prior to and after the sale hearing, numerous operational issues related to the sale of its assets, including the scope of assets to be sold, numerous regulatory issues, litigation affecting the Debtor and its asses, status of leases and employment issues. The Debtor also devoted substantial time to bankruptcy administration and reporting obligations. Finally, the Debtor worked toward closing the sale of assets to SafeMeds pursuant to the Sale Order.

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ID	Balance
<b>Reconciled</b>	
Cleared Deposits and Other Credits	931,647.27
Cleared Checks and Payments	(914,739.89)
Total - Reconciled	16,907.38
Last Reconciled Statement Balance - 813112009	420,464.10
Current Reconciled Balance	437,371.48
Reconcile Statement Balance - 913012009	437,371.48
Difference	0.00
<b>Unreconciled</b>	
<b>Uncleared</b>	
Checks and Payments	(21,339.39)
Total - Uncleared	(21,339.39)
<b>Cleared</b>	
Deposits and Other Credits	1,577.64
Total - Cleared	1,577.64
Total as of 913012009	417,609.73

+ 29.00 misc entry  
417,638

Account 1001 Regions Statement Date 9/30/2009

Refresh

**Prevalence Health, LLC**  
**Reconciliation Detail - 1001 Regions**  
**As of 913012009**

ID	Date	No.	Balance
Reconciled			
Cleared Deposits and Other Credits			
Deposit	9/1/2009		29,567.44
Deposit	9/1/2009		23,851.80
Deposit	9/1/2009		12.84
Deposit	9/1/2009		3,385.88
Deposit	9/1/2009		690.46
Deposit	9/2/2009		15,924.15
Deposit	9/2/2009		14.50
Deposit	9/2/2009		271.80
Deposit	9/2/2009		46,228.60
Deposit	9/2/2009		146.24
Deposit	9/2/2009		2,384.62
Deposit	9/2/2009		1,080.15
Deposit	9/3/2009		9,228.56
Deposit	9/3/2009		16,568.56
Deposit	9/3/2009		12,803.72
Deposit	9/3/2009		540.95
Deposit	9/3/2009		3,555.93
Deposit	9/3/2009		4,908.28
Deposit	9/4/2009		3.20
Deposit	9/4/2009		737.75
Deposit	9/8/2009		907.79
Deposit	9/8/2009		293.89
Deposit	9/8/2009		580.24
Deposit	9/8/2009		215.49
Deposit	9/9/2009		10.15
Deposit	9/9/2009		138.24
Deposit	9/9/2009		1,755.10
Deposit	9/9/2009		53,896.42
Deposit	9/10/2009		31,226.62
Deposit	9/10/2009		33.00
Deposit	9/10/2009		206.50
Deposit	9/10/2009		155.79
Deposit	9/10/2009		6.91
Deposit	9/10/2009		48,884.04
Deposit	9/10/2009		675.52
Deposit	9/10/2009		21,402.64
Deposit	9/11/2009		82,096.25
Deposit	9/14/2009		3.00
Deposit	9/14/2009		16,100.64
Deposit	9/14/2009		236.30
Deposit	9/14/2009		226.20
Deposit	9/14/2009		497.69
Deposit	9/15/2009		1,251.08
Deposit	9/15/2009		44,759.24
Deposit	9/15/2009		5,334.61
Deposit	9/15/2009		28,702.60
Deposit	9/16/2009		3.00
Deposit	9/16/2009		958.72
Deposit	9/16/2009		39,737.01
Deposit	9/16/2009		163.55
Deposit	9/16/2009		25,249.23

ID	Date	No.	Balance
Deposit	9/16/2009		174.56
Deposit	9/17/2009		5,783.29
Deposit	9/17/2009		18,616.08
Deposit	9/17/2009		671.59
Deposit	9/18/2009		7,567.73
Deposit	9/18/2009		11,413.87
Deposit	9/18/2009		60.00
Deposit	9/21/2009		308.02
Deposit	9/21/2009		157.00
Deposit	9/21/2009		6,742.28
Deposit	9/22/2009		348.07
Deposit	9/22/2009		74,997.91
Deposit	9/23/2009		40.00
Deposit	9/23/2009		41,066.96
Deposit	9/23/2009		2,184.90
Deposit	9/23/2009		50.00
Deposit	9/24/2009		1,326.12
Deposit	9/24/2009		15.00
Deposit	9/24/2009		72.00
Deposit	9/24/2009		50.72
Deposit	9/24/2009		18,895.22
Deposit	9/24/2009		141.02
Deposit	9/25/2009		11,357.64
Deposit	9/25/2009		16,690.85
Deposit	9/25/2009		114.95
Deposit	9/25/2009		505.18
Deposit	9/28/2009		4.50
Deposit	9/28/2009		457.64
Deposit	9/28/2009		16,761.34
Deposit	9/28/2009		276.25
Deposit	9/28/2009		93.94
Deposit	9/29/2009		940.24
Deposit	9/29/2009		1,467.38
Deposit	9/29/2009		2,804.54
Deposit	9/29/2009		31,199.68
Deposit	9/29/2009		23,374.88
Deposit	9/30/2009		1,773.60
Deposit	9/30/2009		47,509.96
Deposit	9/30/2009		6,808.37
Deposit	9/30/2009		5.71
Deposit	9/30/2009		906.92
Deposit	9/30/2009		298.47
Total - Cleared Deposits and Other Credits			931,647.27
<b>Cleared Checks and Payments</b>			
Bill Payment	7/20/2009	61162	(160.02)
Bill Payment	8/24/2009	61267	(966.02)
Bill Payment	8/26/2009	61274	(572.77)
Bill Payment	8/31/2009	61285	(6,898.38)
Bill Payment	8/31/2009	61286	(180.00)
Bill Payment	8/31/2009	61279	(99.00)
Bill Payment	8/31/2009	61283	(148.81)
Bill Payment	8/31/2009	61281	(55.00)
Bill Payment	8/31/2009	61280	(70.00)
Bill Payment	8/31/2009	61282	(104.00)
Bill Payment	8/31/2009	61278	(1,150.15)
Bill Payment	8/31/2009	61284	(1,579.44)
Check	9/1/2009	Wire 9 1 09	(573.44)
Check	9/1/2009	Wire 9 1 2009	(72,962.34)

ID	Date	No.	Balance
Check	91212009	Wire 9 2 09	(53,701.13)
Check	91212009	Wire 9 2 09	(55.95)
Bill Payment	91212009	wire 09 02 09	(1,657.50)
Check	91312009	wire 9 03 09	(31,976.00)
Check	9/3/2009	wire 9 3 09	(200.00)
Bill Payment	91312009	61287	(8,000.00)
Bill Payment	91312009	61288	(7,737.50)
Check	91412009	Wire 9 4 09	(25,234.89)
Check	91812009	wire 918109	(45,321.53)
Bill Payment	9/8/2009	61297	(205.09)
Bill Payment	91812009	61300	(225.00)
Bill Payment	91812009	61299	(5,666.21)
Bill Payment	91812009	61292	(169.09)
Bill Payment	91812009	61294	(1,300.00)
Bill Payment	91812009	61296	(50.00)
Bill Payment	91812009	Wire 9/2/09	(6,168.00)
Bill Payment	9/8/2009	61295	(490.61)
Bill Payment	91812009	61298	(382.49)
Bill Payment	91812009	61291	(634.70)
Bill Payment	91812009	61289	(1,000.73)
Bill Payment	91812009	61293	(14.70)
Bill Payment	91912009	61302	(11,239.91)
Bill Payment	91912009	wire 9/9/09	(10,594.00)
Check	9/1012009	Wire 919109	(596.23)
Check	911012009	wire 9 9 09	(53,070.70)
Check	911012009	wire9 10 09	(35,057.92)
Bill Payment	911012009	61301	(442.75)
Check	911112009	Wire 9 11 09	(30,505.11)
Check	911112009	Wire9 11 09	(2,507.25)
Bill Payment	911112009	61304	(400.00)
Bill Payment	911112009	Wire 9 11 09	(2,507.25)
Bill Payment	911112009	61303	(2,600.00)
Check	911412009	Wire9 14 09	(24,486.78)
Bill Payment	911412009	wire 9 14 09	(4,079.61)
Check	911512009	Wire 9 15 09	(200.00)
Check	911512009	wire 9 15 09	(28,057.56)
Bill Payment	911512009	61306	(662.46)
Bill Payment	911512009	61322	(12,095.74)
Bill Payment	911512009	61311	(18.90)
Bill Payment	911512009	61312	(1,930.05)
Bill Payment	911512009	61309	(990.98)
Bill Payment	911512009	61319	(105.37)
Bill Payment	911512009	61313	(1,682.66)
Bill Payment	911512009	61305	(185.62)
Bill Payment	911512009	61321	(1,518.59)
Bill Payment	911512009	61314	(47.39)
Bill Payment	911512009	61308	(9.81)
Bill Payment	911512009	61320	(2,820.65)
Bill Payment	911512009	61307	(348.65)
Bill Payment	911512009	61316	(1,879.75)
Bill Payment	911512009	61315	(3,550.10)
Bill Payment	911512009	61318	(2,956.17)
Bill Payment	911512009	61310	(22.90)
Check	911612009	Wire 9 16 09	(16,584.97)
Bill Payment	911612009	Wire 9116109	(6,003.60)
Check	911712009	wire 9 17 09	(13,763.27)
Bill Payment	911712009	61325	(50.00)
Bill Payment	911712009	61324	(5,666.21)



ID	Date	No.	Balance
Check	9/18/2009	Wire 9 18 09	(25,632.18)
Bill Payment	9/18/2009	61323	(232.84)
Bill Payment	9/18/2009	Wire 9_18-09	(1,580.63)
Check	9/21/2009	Wire 9 21 09	(37,246.52)
Bill Payment	9/21/2009	61339	(210.00)
Bill Payment	9/21/2009	61331	(109.81)
Bill Payment	9/21/2009	61328	(130.00)
Bill Payment	9/21/2009	61336	(445.20)
Bill Payment	9/21/2009	61338	(2,050.00)
Bill Payment	9/21/2009	61330	(2,118.40)
Bill Payment	9/21/2009	61332	(30.07)
Bill Payment	9/21/2009	61334	(569.00)
Bill Payment	9/21/2009	61333	(1,079.01)
Bill Payment	9/21/2009	61329	(400.00)
Bill Payment	9/21/2009	61326 by phone	(438.36)
Bill Payment	9/21/2009	61337	(9,403.57)
Check	9/22/2009	wire 9 22 09	(20,104.31)
Check	9/23/2009	Wire 9 23 09	(1,000.00)
Check	9/23/2009	Wire 9 23 09	(32,785.11)
Check	9/23/2009	Wire 9 23 09	(200.00)
Check	9/24/2009	wire 9 24 09	(15,360.85)
Check	9/25/2009	wire 9 25 09	(37,429.14)
Bill Payment	9/25/2009	61342	(4,031.25)
Bill Payment	9/25/2009	61340 ck by phone	(630.46)
Bill Payment	9/25/2009	61341 by phone	(491.75)
Check	9/28/2009	Wire 9 28 09	(3,467.77)
Bill Payment	9/28/2009	61366 by phone	(1,689.43)
Check	9/29/2009	Wire	(164.16)
Check	9/29/2009	wire 9 29 09	(49,340.56)
Check	9/30/2009	Wire 9 30 09	(30,639.63)
Journal	9/30/2009	881	(79,377.83)
Journal	9/30/2009	882	(798.75)
Bill Payment	9/30/2009	61371	(241.90)
Bill Payment	9/30/2009	61370	(362.00)
Total - Cleared Checks and Payments			(914,739.89)
Total - Reconciled			16,907.38
Last Reconciled Statement Balance - 8/31/2009			420,464.10
Current Reconciled Balance			437,371.48
Reconcile Statement Balance - 9/30/2009			437,371.48
Difference			0.00
Unreconciled			
Uncleared			
Checks and Payments			
Bill Payment	12/29/2008	60354	(500.00)
Bill Payment	1/5/2009	60429	(564.00)
Bill Payment	3/4/2009	60694	(658.40)
Bill Payment	3/9/2009	60704	(309.37)
Bill Payment	4/7/2009	60814	(300.00)
Check	5/22/2009	eft 05 22 09	(200.00)
Bill Payment	5/26/2009	61018	(54.00)
Bill Payment	6/5/2009	61061	(18.90)
Bill Payment	6/9/2009	61063	(770.00)
Bill Payment	9/21/2009	61335	(78.00)
Bill Payment	9/28/2009	61354	(99.00)
Bill Payment	9/28/2009	61352	(1,150.15)
Bill Payment	9/28/2009	61356	(563.00)
Bill Payment	9/28/2009	61361	(50.02)
Bill Payment	9/28/2009	61364	(46.08)

ID	Date	No.	Balance
Bill Payment	9/28/2009	61350	(876.54)
Bill Payment	9/28/2009	61353	(75.00)
Bill Payment	9/28/2009	61355	(66.00)
Bill Payment	9/28/2009	61359	(206.72)
Bill Payment	9/28/2009	61360	(29.92)
Bill Payment	9/28/2009	61351	(1,815.25)
Bill Payment	9/28/2009	61357	(1,312.62)
Bill Payment	9/28/2009	61358	(1,788.75)
Bill Payment	9/28/2009	61365	(7,832.86)
Bill Payment	9/28/2009	61363	(1,579.44)
Bill Payment	9/29/2009	61369	(395.37)
Total - Checks and Payments			(21,339.39)
Total - Uncleared			(21,339.39)
Cleared			
Deposits and Other Credits			
Journal	12/31/2007		1,577.64
Total - Deposits and Other Credits			1,577.64
Total - Cleared			1,577.64
Total as of 913012009			417,609.73

Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201



00102242 02 AT 0.482 002  
PREVALENCE HEALTH LLC  
PO BOX 12648  
JACKSON MS 39236-2648



ACCOUNT # 9001277993

Cycle 001  
Enclosures 27  
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## COMMERCIAL ANALYZED CHECKING

September 1, 2009 through September 30, 2009

## SUMMARY

Beginning Balance	\$420,464.10	Minimum Balance	\$341,105
Deposits & Credits	\$931,647.27	+	
Withdrawals	\$784,573.63	-	
Fees	\$596.23	-	
Automatic Transfers	\$0.00	+	
Checks	\$129,570.03	-	
Ending Balance	\$437,371.48		

## DEPOSITS &amp; CREDITS

09/01	Deposit - Thank You	29,567.44
09/01	Deposit - Thank You	690.46
09/01	Memberhealth Cln Payment Tedsmeds.Recei 2145922	23,851.80
09/01	Memberhealth Cln Payment Tedsmeds.Recei 2143985	3,385.88
09/01	Merchant Service Merch Dep Health Allianc 8003547554	12.84
09/02	Deposit - Thank You	15,924.15
09/02	Deposit - Thank You	2,384.62
09/02	Deposit - Thank You	271.80
09/02	Unisys Corp Payment-LA PrevalenceHea 00234061063919	46,228.60
09/02	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	1,080.15
09/02	EDS Corporation Ilssa/Dh 1821009333 Pre 200810340A	146.24
09/02	Merchant Service Merch Dep Health Allianc 8003547554	14.50
09/03	Deposit - Thank You	9,228.56
09/03	Deposit - Thank You	540.95
09/03	Regions Bank Accl Trans MS364174656 Ccooley	16,568.56
09/03	State of Florida Medicaid Prevalence Hea 022400600	12,803.72
09/03	State of Florida Medicaid Prevalence Hea 022400601	4,908.28
09/03	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949090829	3,555.93
09/04	Deposit - Thank You	737.75
09/04	Merchant Service Merch Dep Health Allianc 8003547554	3.20
09/08	Deposit - Thank You	907.79
09/08	Deposit - Thank You	580.24
09/08	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	293.89
09/08	State of Ill Commercial 0006Prevalence Ah4398415002488	215.49
09/09	Deposit - Thank You	53,896.42
09/09	Deposit - Thank You	1,755.10
09/09	Deposit - Thank You	138.24
09/09	Deposit - Thank You	10.15
09/09	Unisys Corp Payment-LA PrevalenceHea 00234061064835	48,884.04
09/09	Merchant Service Merch Dep Health Allianc 8003547554	33.00
09/09	State of Ill Commercial 0006Prevalence Ah4412292002474	6.91
09/10	Deposit - Thank You	155.79
09/10	State of Florida Medicaid Prevalence Hea 022400600	31,226.62
09/10	State of Ill Commercial 0006Prevalence Ah4428013002193	21,402.64

Regions Bank

Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201

PREVALENCE HEALTH LLC  
PO BOX 12648  
JACKSON MS 39236-2648



ACCOUNT # 9001277993

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**DEPOSITS & CREDITS (CONTINUED)**

09/10	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	675.52
09/10	Merchant Service Merch Dep Health Allianc 8003547554	206.50
09/11	Regions Bank Acct Trans MS364174656 Ccooley	82,096.25
09/14	Deposit - Thank You	16,100.64
09/14	Deposit - Thank You	236.30
09/14	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	497.69
09/14	State of Ill Commercial 0006Prevalence Ah4469893002534	226.20
09/14	Merchant Service Merch Dep Health Allianc 8003547554	3.00
09/15	Deposit - Thank You	44,759.24
09/15	Deposit - Thank You	1,251.08
09/15	Memberhealth Cln Payment Tedsmeds.Recei 2154958	28,702.60
09/15	Memberhealth Cln Payment Tedsmeds.Recei 2152998	5,334.61
09/16	Deposit - Thank You	25,249.23
09/16	Deposit - Thank You	163.55
09/16	Unisys Corp Payment-LA Prevalence Hea 00234061065814	39,737.01
09/16	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	958.72
09/16	EDS Corporation Ifssa/Dh 1821009333 Pre 200810340A	174.56
09/16	State of Ill Commercial 0006Prevalence Ah4489740000675	3.00
09/17	Regions Bank Acct Trans MS364174656 Ccooley	18,616.08
09/17	State of Florida Medicaid Prevalence Hea 022400601	5,783.29
09/17	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949090912	671.59
09/18	State of Ill Commercial 0006Prevalence Ah4531850002130	11,413.87
09/18	State of Ill Commercial 0006Prevalence Ah4531850002131	7,567.73
09/18	Merchant Service Merch Dep Health Allianc 8003547554	60.00
09/21	Deposit - Thank You	6,742.28
09/21	Deposit - Thank You	157.00
09/21	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	308.02
09/21	Merchant Service Merch Dep Health Allianc 8003547554	4.50
09/22	Deposit - Thank You	74,997.91
09/22	Deposit - Thank You	348.07
09/23	Deposit - Thank You	2,184.90
09/23	Deposit - Thank You	50.00
09/23	Unisys Corp Payment-LA Prevalence Hea 00234061066660	41,066.96
09/23	Merchant Service Merch Dep Health Allianc 8003547554	40.00
09/24	Deposit - Thank You	141.02
09/24	Deposit - Thank You	50.72
09/24	Regions Bank Acct Trans MS364174656 Ccooley	18,895.22
09/24	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	1,326.12
09/24	State of Florida Medicaid Prevalence Hea 022400601	72.00
09/24	Merchant Service Merch Dep Health Allianc 8003547554	15.00
09/25	Deposit - Thank You	16,690.85
09/25	Deposit - Thank You	505.18
09/25	Deposit - Thank You	114.95
09/25	State of Ill Commercial 0006Prevalence Ah4616437002710	11,357.64
09/28	Deposit - Thank You	16,761.34
09/28	Deposit - Thank You	457.64
09/28	State of Ill Commercial 0006Prevalence Ah4627946001115	276.25
09/28	Merchant Service Merch Dep Health Allianc 8003547554	93.94
09/29	Deposit - Thank You	31,199.68
09/29	Deposit - Thank You	1,467.38

Regions Bank

Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201

PREVALENCE HEALTH LLC  
PO BOX 12648  
JACKSON MS 39236-2648



ACCOUNT # 9001277993

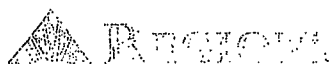
Cycle 001  
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**DEPOSITS & CREDITS (CONTINUED)**

09/29	Deposit - Thank You	940.24
09/29	Memberhealth Cln Payment Tedsmeds.Recel 2163986	23,374.88
09/29	Memberhealth Cln Payment Tedsmeds.Recel 2162054	2,804.54
09/30	Deposit - Thank You	906.92
09/30	Deposit - Thank You	298.47
09/30	Unisys Corp Payment-LA PrevalenceHea 00234061067607	47,509.96
09/30	State of Ill Commercial 0006Prevalence Ah4658375002551	6,808.37
09/30	Ngs Inc 17003 Dic Depos PrevalenceHea 1232650002	1,773.60
09/30	State of Ill Commercial 0006Prevalence Ah4658375002552	5.71
Total Deposits & Credits		\$931,647.27

**WITHDRAWALS**

09/01	Wire Transfer American Recie	72,962.34
09/01	Blue Cross of MS Insur Prem Prevalence Hol 0041599	573.44
09/02	Wire Transfer American Recie	53,701.13
09/02	Wire Transfer Home Diagnosti	6,168.00
09/02	Wire Transfer Emily Corp	1,657.50
09/02	Merchant Service Merch Fee Health Allianc 8003547554	55.95
09/03	Wire Transfer American Recie	31,976.00
09/03	Pitney Bowes Postage PrevalenceHea 42906255	200.00
09/04	Wire Transfer American Recie	25,234.89
09/08	Wire Transfer American Recie	45,321.53
09/09	Wire Transfer American Recie	53,070.70
09/09	Wire Transfer Home Diagnosti	10,594.00
09/10	Wire Transfer American Recie	35,057.92
09/10	Pay Systems of A 6207 Payrl Prevalence Hea 6207 6207	20,822.66
09/11	Wire Transfer American Recie	30,505.11
09/11	Wire Transfer American Recie	2,507.25
09/11	Wire Transfer Emily Corp.	2,507.25
09/11	Pay Systems of A Tax Col Health Allianc	10,665.14
09/14	Wire Transfer American Recie	24,486.78
09/14	American Express Elec Remit Stacey L Holt 090911062689131	4,079.61
09/15	Wire Transfer American Recie	28,057.56
09/15	Pitney Bowes Postage PrevalenceHea 42906255	200.00
09/16	Wire Transfer American Recie	16,584.97
09/16	Wire Transfer Bayer Corporat	6,003.60
09/17	Wire Transfer American Recie	13,763.27
09/17	Staples Quill CO Echeck coolay 1256818011	232.84
09/18	Wire Transfer American Recie	25,632.18
09/18	Wire Transfer Moore Wallace	1,580.63
09/21	Wire Transfer American Recie	37,246.52
09/21	Att Payment PrevalenceHea 897950001CsrIL	438.36
09/22	Wire Transfer American Recle	20,104.31
09/23	Wire Transfer American Recie	32,785.11
09/23	Pitney Bowes Postedge Bonnie Savole 37968013	1,000.00
09/23	Pitney Bowes Postage Prevalence Hea 42906255	200.00
09/24	Wire Transfer American Recie	15,360.85



Jackson 210 E Capitol ST Main  
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ACCOUNT # 9001277993

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**WITHDRAWALS (CONTINUED)**

09/24	Pay Systems of A 6207 Payrl Prevalence Hea 6207	\$207	19,574.61
09/24	Pay Systems of A Tax Col Health Allianc		10,300.47
09/24	Staples Quill CO Echeck chris cooley 1156441242		630.46
09/25	Wire Transfer American Recie		37,429.14
09/28	Wire Transfer American Recie		3,467.77
09/29	Wire Transfer American Recie		49,340.56
09/29	Wire Transfer Moore Wallace		164.16
09/30	Wire Transfer American Recie		30,639.63
09/30	Att 800-452-2248AT&T Bus lvr Transactio 8310001341011		1,689.43

Total Withdrawals \$784,573.63

**FEES**

09/09	Analysis Charge	08-09	596.23
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**CHECKS'**

Date	Check No.	Amount	Date	Check No.	Amount
09/16		1,000.73	09/14	61303	2,600.00
09/04	61162 *	160.02	09/23	61304	400.00
09/01	61267 *	966.02	09/22	61305	185.62
09/01	61274 *	572.77	09/22	61306	662.46
09/04	61278 *	1,150.15	09/24	61307	348.65
09/04	61279	99.00	09/23	61308	9.81
09/10	61280	70.00	09/21	61309	990.98
09/08	61281	55.00	09/18	61310	22.90
09/03	61282	104.00	09/24	61311	18.90
09/04	61283	148.81	09/21	61312	1,930.05
09/04	61284	1,579.44	09/21	61313	1,682.66
09/02	61285	6,898.38	09/21	61314	47.39
09/08	61286	180.00	09/21	61315	3,550.10
09/09	61287	8,000.00	09/21	61316	1,879.75
09/14	61288	7,737.50	09/22	61318 *	2,956.17
09/09	61291 *	634.70	09/23	61319	105.37
09/14	61292	169.09	09/22	61320	2,820.65
09/08	61293	14.70	09/22	61321	1,518.59
09/14	61294	1,300.00	09/17	61322	12,095.74
09/15	61295	490.61	09/22	61324 *	5,666.21
09/16	61296	50.00	09/18	61325	50.00
09/15	61297	205.09	09/22	61328 *	130.00
09/15	61298	382.49	09/28	61329	400.00
09/14	61299	5,666.21	09/28	61330	2,118.40
09/14	61300	225.00	09/28	61331	109.81
09/11	61301	442.75	09/25	61332	30.07
09/14	61302	11,239.91	09/28	61333	1,079.01



REGIONS

Regions Bank

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Jackson 210 E Capitol ST Main  
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PREVALENCE HEALTH LLC  
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JACKSON MS 39236-2648



ACCOUNT # 9001277993

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## CHECKS (CONTINUED)

Date	Check No.	Amount	Date	Check No.	Amount
09/29	61334	569.00	09/02	910500 *	798.75
09/28	61336 *	445.20	09/17	910503 *	2,683.90
09/24	61337	9,403.57	09/11	910504	4,048.38
09/25	61338	2,050.00	09/16	910505	795.12
09/25	61339	210.00	09/14	910506	883.23
09/28	61341 *	491.75	09/14	910507	499.15
09/30	61342	4,031.25	09/28	910509 *	4,048.38
09/30	61370 *	362.00	09/30	910510	795.12
09/30	61371	241.90	09/25	910511	920.30
09/02	910498 *	2,683.90	09/28	910512	657.47

Total Checks \$129,570.03

\* Break In Check Number Sequence.

## DAILY BALANCE SUMMARY

Date	Balance	Date	Balance	Date	Balance
09/01	402,897.95	09/11	402,070.31	09/22	441,610.15
09/02	396,984.40	09/14	360,247.66	09/23	450,451.72
09/03	412,310.40	09/15	410,959.44	09/24	415,314.29
09/04	384,679.04	09/16	452,811.09	09/25	403,343.40
09/08	341,105.22	09/17	449,106.30	09/28	408,114.78
09/09	372,933.45	09/18	440,862.19	09/29	417,827.78
09/10	370,649.94	09/21	400,308.18	09/30	437,371.48

You may request account disclosures containing  
terms, fees, and rate information (if applicable)  
for your account by contacting any Regions office.

For all your banking needs, please call 1-800-REGIONS.  
or visit us on the Internet at [wrm.regions.com](http://wrm.regions.com).

Thank You For Banking With Regions!

Regions Bank

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Jackson, MS 39201

PREVALENCE HEALTH LLC  
PO BOX 12648  
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ACCOUNT # 9001277993

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Check #0  
09/16/2009  
\$1000.73

Check# 61162  
09/04/2009  
\$160.02

Check# 61267  
09/01/2009  
\$966.02

Check# 61274  
09/01/2009  
\$572.77

Check# 61278  
09/04/2009  
\$1150.15

Check# 61279  
09/04/2009  
\$99.00

Check# 61280  
09/10/2009  
\$70.00

Check# 61281  
09/08/2009  
\$55.00

Check# 61282  
09/03/2009  
\$104.00

Check# 61283  
09/04/2009  
\$148.81

Check# 61284  
09/04/2009  
\$1579.44

Check# 61285  
09/02/2009  
\$6898.38

Check# 61286  
09/08/2009  
\$180.00

Check# 61287  
09/09/2009  
\$8000.00

Check# 61288  
09/14/2009  
\$7737.50

Check# 61291  
09/09/2009  
\$634.70

Check# 61292  
09/14/2009  
\$169.09

Check# 61293  
09/08/2009  
\$14.70



Regions Bank  
Jackson 210 E Capitol ST Main  
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PREVALENCE HEALTH LLC  
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Check #61294

Check# 61294 09/14/2009 \$1300.00

Check #61295

Check# 61295 09/15/2009 \$490.61

Check #61296

Check# 61296 09/16/2009 \$50.00

Check #61297

Check# 61297 09/15/2009 \$205.09

Check #61298

Check# 61298 09/15/2009 \$382.49

Check #61299

Check# 61299 09/14/2009 \$5666.21

Check #61300

Check# 61300 09/14/2009 \$225.00

Check #61301

Check# 61301 09/11/2009 \$442.75

Check #61302

Check# 61302 09/14/2009 \$11239.91

Check #61303

Check# 61303 09/14/2009 \$2600.00

Check #61304

Check# 61304 09/23/2009 \$400.00

Check #61305

Check# 61305 09/22/2009 \$185.62

Check #61306

Check# 61306 09/22/2009 \$662.46

Check #61307

Check# 61307 09/24/2009 \$348.65

Check #61308

Check# 61308 09/23/2009 \$9.81

Check #61309

Check# 61309 09/21/2009 \$990.98

Check #61310

Check# 61310 09/18/2009 \$22.90

Check #61311

Check# 61311 09/24/2009 \$18.90

Regions Bank

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ACCOUNT # 9001277993

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Check# 61312 09/21/2009 \$1930.05

Check# 61313 09/21/2009 \$1682.66

Check# 61314 09/21/2009 \$47.39

Check# 61315 09/21/2009 \$3550.10

Check# 61316 09/21/2009 \$1879.75

Check# 61318 09/22/2009 \$2956.17

Check# 61319 09/23/2009 \$105.37

Check# 61320 09/22/2009 \$2820.65

Check# 61321 09/22/2009 \$1518.59

Check# 61322 09/17/2009 \$12095.74

Check# 61324 09/22/2009 \$5666.21

Check# 61325 09/18/2009 \$50.00

Check# 61328 09/22/2009 \$130.00

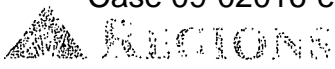
Check# 61329 09/28/2009 \$400.00

Check# 61330 09/28/2009 \$2118.40

Check# 61331 09/28/2009 \$109.81

Check# 61332 09/25/2009 \$30.07

Check# 61333 09/28/2009 \$1079.01



Regions Bank

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Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201

PREVALENCE HEALTH LLC  
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JACKSON MS 39236-2648



ACCOUNT # 9001277993

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Prevalence Health, LLC  
PO BOX 12648  
JACKSON MS 39236-2648

61334

PAY TO THE ORDER OF: Prevalence Health, LLC  
210 East Capitol Street  
Jackson, MS 39201

\$569.00

PREVALENCE HEALTH, LLC  
4370168 NORTH  
SUITE 101  
JACKSON, MS 39211

Check# 61334 09/29/2009 \$569.00

Prevalence Health, LLC  
PO BOX 12648  
JACKSON MS 39236-2648

61336

PAY TO THE ORDER OF: Prevalence Health, LLC  
210 East Capitol Street  
Jackson, MS 39201

\$445.20

PREVALENCE HEALTH, LLC  
4370168 NORTH  
SUITE 101  
JACKSON, MS 39211

Check# 61336 09/28/2009 \$445.20

Prevalence Health, LLC  
PO BOX 12648  
JACKSON MS 39236-2648

61337

PAY TO THE ORDER OF: Prevalence Health, LLC  
210 East Capitol Street  
Jackson, MS 39201

\$9403.57

PREVALENCE HEALTH, LLC  
4370168 NORTH  
SUITE 101  
JACKSON, MS 39211

Check# 61337 09/24/2009 \$9403.57

Prevalence Health, LLC  
PO BOX 12648  
JACKSON MS 39236-2648

61338

PAY TO THE ORDER OF: Prevalence Health, LLC  
210 East Capitol Street  
Jackson, MS 39201

\$2050.00

PREVALENCE HEALTH, LLC  
4370168 NORTH  
SUITE 101  
JACKSON, MS 39211

Check# 61338 09/25/2009 \$2050.00

Prevalence Health, LLC  
PO BOX 12648  
JACKSON MS 39236-2648

61339

PAY TO THE ORDER OF: Prevalence Health, LLC  
210 East Capitol Street  
Jackson, MS 39201

\$210.00

PREVALENCE HEALTH, LLC  
4370168 NORTH  
SUITE 101  
JACKSON, MS 39211

Check# 61339 09/25/2009 \$210.00

Prevalence Health, LLC  
PO BOX 12648  
JACKSON MS 39236-2648

61341

PAY TO THE ORDER OF: Prevalence Health, LLC  
210 East Capitol Street  
Jackson, MS 39201

\$491.75

PREVALENCE HEALTH, LLC  
4370168 NORTH  
SUITE 101  
JACKSON, MS 39211

Check# 61341 09/28/2009 \$491.75

Prevalence Health, LLC  
PO BOX 12648  
JACKSON MS 39236-2648

61342

PAY TO THE ORDER OF: Prevalence Health, LLC  
210 East Capitol Street  
Jackson, MS 39201

\$4031.25

PREVALENCE HEALTH, LLC  
4370168 NORTH  
SUITE 101  
JACKSON, MS 39211

Check# 61342 09/30/2009 \$4031.25

Prevalence Health, LLC  
PO BOX 12648  
JACKSON MS 39236-2648

61370

PAY TO THE ORDER OF: Prevalence Health, LLC  
210 East Capitol Street  
Jackson, MS 39201

\$362.00

PREVALENCE HEALTH, LLC  
4370168 NORTH  
SUITE 101  
JACKSON, MS 39211

Check# 61370 09/30/2009 \$362.00

Prevalence Health, LLC  
PO BOX 12648  
JACKSON MS 39236-2648

61371

PAY TO THE ORDER OF: Prevalence Health, LLC  
210 East Capitol Street  
Jackson, MS 39201

\$241.90

PREVALENCE HEALTH, LLC  
4370168 NORTH  
SUITE 101  
JACKSON, MS 39211

Check# 61371 09/30/2009 \$241.90

Prevalence Health, LLC  
PO BOX 12648  
JACKSON MS 39236-2648

910498

PAY TO THE ORDER OF: Prevalence Health, LLC  
210 East Capitol Street  
Jackson, MS 39201

\$2683.90

PREVALENCE HEALTH, LLC  
4370168 NORTH  
SUITE 101  
JACKSON, MS 39211

Check# 910498 09/02/2009 \$2683.90

Prevalence Health, LLC  
PO BOX 12648  
JACKSON MS 39236-2648

910500

PAY TO THE ORDER OF: Prevalence Health, LLC  
210 East Capitol Street  
Jackson, MS 39201

\$798.75

PREVALENCE HEALTH, LLC  
4370168 NORTH  
SUITE 101  
JACKSON, MS 39211

Check# 910500 09/02/2009 \$798.75

Prevalence Health, LLC  
PO BOX 12648  
JACKSON MS 39236-2648

910503

PAY TO THE ORDER OF: Prevalence Health, LLC  
210 East Capitol Street  
Jackson, MS 39201

\$2683.90

PREVALENCE HEALTH, LLC  
4370168 NORTH  
SUITE 101  
JACKSON, MS 39211

Check# 910503 09/17/2009 \$2683.90

Prevalence Health, LLC  
PO BOX 12648  
JACKSON MS 39236-2648

910504

PAY TO THE ORDER OF: Prevalence Health, LLC  
210 East Capitol Street  
Jackson, MS 39201

\$4048.38

PREVALENCE HEALTH, LLC  
4370168 NORTH  
SUITE 101  
JACKSON, MS 39211

Check# 910504 09/11/2009 \$4048.38

Prevalence Health, LLC  
PO BOX 12648  
JACKSON MS 39236-2648

910505

PAY TO THE ORDER OF: Prevalence Health, LLC  
210 East Capitol Street  
Jackson, MS 39201

\$795.12

PREVALENCE HEALTH, LLC  
4370168 NORTH  
SUITE 101  
JACKSON, MS 39211

Check# 910505 09/16/2009 \$795.12

Prevalence Health, LLC  
PO BOX 12648  
JACKSON MS 39236-2648

910506

PAY TO THE ORDER OF: Prevalence Health, LLC  
210 East Capitol Street  
Jackson, MS 39201

\$883.23

PREVALENCE HEALTH, LLC  
4370168 NORTH  
SUITE 101  
JACKSON, MS 39211

Check# 910506 09/14/2009 \$883.23

Prevalence Health, LLC  
PO BOX 12648  
JACKSON MS 39236-2648

910507

PAY TO THE ORDER OF: Prevalence Health, LLC  
210 East Capitol Street  
Jackson, MS 39201

\$499.15

PREVALENCE HEALTH, LLC  
4370168 NORTH  
SUITE 101  
JACKSON, MS 39211

Check# 910507 09/14/2009 \$499.15

Prevalence Health, LLC  
PO BOX 12648  
JACKSON MS 39236-2648

910509

PAY TO THE ORDER OF: Prevalence Health, LLC  
210 East Capitol Street  
Jackson, MS 39201

\$4048.38

PREVALENCE HEALTH, LLC  
4370168 NORTH  
SUITE 101  
JACKSON, MS 39211

Check# 910509 09/28/2009 \$4048.38

Prevalence Health, LLC  
PO BOX 12648  
JACKSON MS 39236-2648

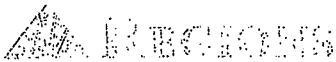
910510

PAY TO THE ORDER OF: Prevalence Health, LLC  
210 East Capitol Street  
Jackson, MS 39201

\$795.12

PREVALENCE HEALTH, LLC  
4370168 NORTH  
SUITE 101  
JACKSON, MS 39211

Check# 910510 09/30/2009 \$795.12



Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201

PREVALENCE HEALTH LLC  
PO BOX 12648  
JACKSON MS 39236-2648



ACCOUNT # 9001277993

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<b>PREVALENCE HEALTH</b> 4270155 NORTH SUITE 101 JACKSON, MS 39211		CHECK DATE SEP 25, 2009	CHECK NO. 0910511
PAY TO THE ORDER OF: 80 0100 0000 YAMAZAKI PO BOX 10216 JACKSON, MS 39236		PAY THIS AMOUNT *****\$920.30	
SIGNATURE: <i>[Signature]</i>			
MICR LINE: ⑈910511⑈ ⑈005305902⑈ ⑈9001277993⑈ ⑈0000092030⑈		MICR LINE: ⑈910512⑈ ⑈0055105102⑈ ⑈9001277993⑈ ⑈0000053747⑈	

Check# 910511

09/25/2009

\$920.30

Check# 910512

09/28/2009

\$657.47



**Regions Bank**

Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201



00084517 01 AV 0.335 001  
PREVALENCE HEALTH LLC  
CHAPTER 11 DEBTOR IN POSSESSION  
CASE NO# 09-02016-EE  
4270 1 55 N STE 102  
JACKSON MS 39211-6394



ACCOUNT # 0101894579

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Page 0  
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**COMMERCIAL ANALYZED CHECKING**

September 1, 2009 through September 30, 2009

SUMMARY			
Beginning Balance	\$80.01	to CIL	Minimum Balance \$58
Deposits & Credits	\$0.00	+	
Withdrawals	\$0.00	-	
Fees	\$21.07	+	
Automatic Transfers	\$0.00	+	
Checks	\$0.00	-	
Ending Balance	\$58.94		

FEES			
09/09	Analysis Charge	08-09	21.07

DAILY BALANCE SUMMARY					
Date	Balance	Date	Balance	Date	Balance
09/09	58.94				

**You may request account disclosures containing terms, fees, and rate information (if applicable) for your account by contacting any Regions office.**

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